

DMR Community Services Expansion and Facilities Restructuring Plan

**February 25, 2009
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I. EXECUTIVE SUMMARY

The Executive Office of Health and Human Services (“EOHHS”) and the Department of Mental Retardation (“DMR” or “the Department”) have developed the DMR Community Services Expansion and Facilities Restructuring Plan (“the Plan”) to expand the services available in the Commonwealth’s community system and to reconfigure the Department’s state facilities.

The decision to move forward with placing individuals in state facilities into the community, where appropriate, has many compelling philosophical, policy, and legal bases. There is a clearly recognized national trend towards the provision of community-based services. *See* David Braddock, et al. “*The State of the States in Developmental Disabilities*” (2008 ed.) at pp. 1, 9-15, 49-53; *see also* R.W Prouty, K. Alba & K.C. Lakin (Eds.), “*Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2007*,” Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration, at pp. 19-33 (available at <http://rtc.umn.edu/risp07>). Massachusetts remains the only New England state to maintain such extensive institutional capacity¹; the neighboring states of Maine, New Hampshire, Rhode Island and Vermont have no such institutions. The other New England state, Connecticut, has only one in operation.

In addition, federal and state law, including DMR regulations, require that individuals be served in the least restrictive setting possible and legislation in the form of budgetary acts from 2004-2008 has directed the Department to close or consolidate its ICF facilities, including Fernald, to promote compliance with the Supreme Court decision in *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581 (1999). In this regard, the Plan is a significant milestone for the Patrick Administration’s Community First Policy, which serves as the foundation for the Commonwealth’s recently released “Olmstead Plan.”

To effectuate this plan, the Department will close four of its six developmental and regional centers starting in Fiscal Year 2010 and ending by Fiscal Year 2013. The facilities that will be closed are the Fernald, Templeton, and Monson Developmental Centers and the Glavin Regional Center. The Wrentham Developmental Center will remain open indefinitely to serve individuals in the closing facilities who choose to remain in an intermediate care facility (“ICF”) setting. Wrentham shall remain available to such individuals for the duration of their lives. A decision on the future of the Hogan Regional Center is deferred.






In order to effectively fulfill this responsibility, the Department will draw upon the experience gained from the successful closures of the Belchertown and Dever Developmental Centers and the J.T. Berry Regional Center, and will rely upon many of the senior staff who made those successes a reality. To implement the Plan, the Department will provide families, guardians, individuals, and staff with the information needed to make the most informed decisions about their futures. This includes having facility managers meet with families, guardians, and

¹ Facilities for persons with mental retardation that serve more than 16 individuals are also referred to in federal regulations as “intermediate care facilities for the mentally retarded,” or “ICFs.”

individuals; creating oversight transition committees for each facility; and convening a statewide facilities planning committee to advise the Commissioner on issues relating to facility closure. In addition, the Governor's Commission on Mental Retardation will advise the Secretary and the Department regarding closure. The Department will work closely with the Division of Capital Asset Management and Maintenance ("DCAMM"), the Executive Office of Housing and Economic Development ("EOHED"), the Department of Housing and Community Development ("DHCD") as well as local legislators and officials, to address property reuse issues and the impact on local communities.

The Department developed the Community Services Expansion and Facilities Restructuring Plan using relevant data from October, 2008. The projections presented in the Plan do not incorporate budget or census reductions that have occurred subsequent to this period.

Significant aspects of the Plan include:

-  **Flexibility to anticipate and accommodate the decisions and choices of guardians, families, and individual facility residents.** The Plan provides placement options for all residents of closing facilities at the Department's remaining ICFs, the Wrentham Developmental Center or the Hogan Regional Center, as well as an array of community-based programs, both state-operated and provider-operated. Individuals and families will be involved in the choice of a day program once the location of the residential program is determined. As can be seen later in this document, the Department has made preliminary residential preference projections based upon knowledge of the individuals it serves in its facilities and the availability of both facility and community residential supports. However, modifications to the Plan are necessarily expected in response to the specific choices and preferences expressed by individuals and guardians.
-  **The retention of skilled state employees currently serving and supporting individuals with complex medical needs and/or challenging behaviors.** The Department's skilled workforce is a valuable asset of the DMR service system and an important goal of the Plan is job retention. The Department projects that there will be approximately 2,233 job opportunities available for the 1,596 staff who currently are employed in the four closing facilities between now and Fiscal Year 2013.
-  **New state-operated, clinically supported housing developed in local communities in partnership with DCAMM and DHCD.** In the past, the Department has successfully partnered with these agencies to create an array of residential choices for individuals with intellectual disabilities.
-  **Expansion of Employment and Day Programs:** The Department will contract with provider agencies to expand employment and day programs to address the needs of individuals who are placed in local communities.
-  **Positive outcomes for local economies.** The Plan calls for the retention and creation of jobs in local communities; food and other goods and services will be purchased

locally and we have pledged to work with local and state officials to better mitigate closure and transition impacts.

- ✚ **Finally, major savings are projected from the four closures.** The Plan will substantially reduce the cost of maintaining large and inefficient facility campuses with outdated systems and infrastructure. The Department will also be able to reduce some staffing and non-personnel costs at each center as consolidation of residential and program services progresses. The Commonwealth is projected to realize savings in facility operations over the four year period of approximately \$40 to \$42 million.

II. GUIDING PRINCIPLES FOR FACILITY CLOSURES

The following principles have been developed over time and are based upon the Department's experiences in the closure of the Belchertown and Dever Developmental Centers and the JT Berry Regional Center. They are also consistent with best practices developed nationally for transitioning individuals into community settings.

- ✚ **Services in community settings for Ricci class members will be “equal to or better” than those that facility residents are currently receiving.** In 1993, the Department and the plaintiffs in the *Ricci* case agreed to the entry of a Final Order which provides that when class members are moved from one of the Department's developmental centers to a community-based program, the facility director in the transferring facility must certify that the services provided in the new location are “equal or better” to the services provided in the facility. The Department has satisfied this requirement through its facility closures, most recently in the transfer of individuals from Fernald. In 2007, the United States Attorney as a court-appointed Monitor, reviewed the transfers of each individual from Fernald and found that the services provided to individuals were equal or better in every case.
- ✚ **Quality services will be maintained as facilities consolidate and close.** The Department's facilities will maintain Title XIX compliance throughout the closure period.
- ✚ **Individuals and their guardians will have choices regarding where they will live, including opportunities for community or facility placement.** The Plan will provide for this in a number of ways. First, families, guardians and individuals may chose an ICF/MR setting, either at the Wrentham Developmental Center (which will remain open indefinitely) or at the Hogan Regional Center. In addition, there is an array of choices available to families in state-operated or vendor-operated community programs, both existing and new. Finally, the individual planning process described in detail in this Plan sets forth the ways in which families and guardians can participate and exercise choice in the selection of the appropriate placement for their family member or ward.

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- ✚ **All legal, regulatory, and statutory requirements will be met.** In addition to the “equal or better certification” required for all *Ricci* class members, the Department will adhere to state law pertaining to transfers of individuals from one facility to another as it has done with all prior transfers from Fernald. Placement decisions will be made in the individual service planning process with opportunities for full input from families and the interdisciplinary team.
 - ✚ **Thoughtful and thorough transition plans will be developed and implemented for all individuals in order to facilitate positive moving experiences and successful adjustment to new settings.** As described herein, the Department has significant experience in successfully transferring individuals from developmental centers to the community and to other facilities. All policies and procedures will be followed for each individual to assure a safe and successful transition.
 - ✚ **Families and guardians will be informed of the facility closure plan to facilitate decisions about transfer. A meeting will be held at each facility to discuss its closure with families and guardians as soon as possible following the closure announcement.** The Facility Director at each closing facility has convened family groups to advise and participate in the reconfiguring of supports at each facility campus.
 - ✚ **The facility consolidation and closure process will continuously involve stakeholders, including individuals, families, employees, labor groups, and state and local officials, as appropriate.**
 - ✚ **The Plan will include the enhancement of statewide capacity to address the needs of individuals with complex medical, psychiatric and/or behavioral needs requiring intensive levels of support, which will be achieved by employing the collective clinical capacity developed at Monson, Templeton, and Glavin Regional Center.**

Closure plans will include efforts to assist staff to relocate to new jobs in both state and private sectors. The Department values the experience and expertise of all facility staff, many of whom have been employed by the Department for 20 or more years. The Plan contains an assessment of job opportunities for the 1,596 facility-based employees at the four centers.

III. THE FACILITY RESTRUCTURING PLAN

The decision to reduce the overall facility capacity through the closure of the four facilities, Fernald, Monson and Templeton Developmental Centers and the Glavin Regional Center was based on a programmatic decision to realign the state’s residential services for individuals with intellectual disabilities away from large facilities and to expand the availability of community-based residential services.

The Plan’s implementation will substantially reduce the cost of maintaining large and inefficient facility campuses with outdated systems and infrastructure and will reduce staffing and non-

personnel costs at each center as consolidation of residential and program services progresses. The Commonwealth is projected to realize savings over the four year period of approximately \$40 to \$42 million.

An additional amount of approximately \$45 million from the current facilities' budget will be reinvested in the DMR service system and will be utilized to provide necessary supports for individuals who are placed from the closing facilities into other residential settings. Approximately \$39 million of this amount will be used to fund community placements and will create long-term resources in an expanded community services system. Approximately \$6 million will be available for allocation to the two remaining facilities to support those individuals whose guardians or families have chosen to have their ward or family member continue to receive services in an ICF/MR setting.

In the discussion of the current costs of operating these facilities, and any savings to be gained through the consolidation plan, it is important to note the following assumptions that were made with respect to both the facility costs and the so-called placement costs detailed below:

- Budget projections do not trend forward for inflation, salary increases, and other capital issues.
- The costs associated with the Marquardt Skilled Nursing Facility on the grounds of Fernald are not included.
- The projected facility expenses do not include expenditures for human resource services or information technology services, or other similar administrative expenses.
- Projected placement figures for transitions from the facilities were determined using October, 2008 census data. Census reductions due to admissions to a skilled nursing facility and/or projected mortality rates were considered when estimating necessary placements from each facility.
- Budget projections do not include needed maintenance or capital costs for any facility.
- Savings projections as of October, 2008 do not include subsequent budget reductions impacting facility spending and eventual savings.

With these assumptions in mind, the facility census, as of October 2008, and facility expenses are depicted below:

Projected Fiscal Year 2009 Budget (as of October, 2008)							
Facility	Fernald	Monson	Templeton	Glavin	Hogan	Wrentham	Totals
Total Budget	\$38.1 M	\$26.2 M	\$17.8 M	\$9.9 M	\$24.8 M	\$47.2 M	\$164 M
Census Oct 08	162	136	123	55	151	268	895
Cost Per Individual	\$235.2 K	\$192.6 K	\$144.7 K	\$180 K	\$164.2 K	\$176.1 K	\$183.2 K (AVG)

A gross savings estimate was developed based upon the total budgeted cost for the closing facilities (Table, above) at the end of the four-year period, less the costs of placement of the individuals from the closing facilities (Table below, p. 7). To estimate the total placement costs of individuals moving from the closing facilities over this period, the Department projected future placements based upon the needs of individuals, family and guardian preferences for placement of individuals, and existing and projected capacity.

At the close of the four year period, it is anticipated that approximately 112 individuals will move to newly developed state-operated community programs; 206 individuals will move to existing state-operated and vendor-operated community programs; and 84 individuals will move to the Wrentham Developmental Center or Hogan Regional Center for a total of approximately 400 individuals moving to new program settings. These projections are based upon several assumptions: First, it is assumed that some families or guardians will choose an ICF/MR setting, and that Wrentham and Hogan Regional Center would both be options for these families, but that more would choose Wrentham as a more secure, long-term option. Second, it is assumed that there is currently sufficient available capacity at Wrentham to accommodate up to 84 individuals, and that if more guardians or families choose the Wrentham Developmental Center as their placement option, more capacity could be accommodated. Third, it is assumed that some guardians and families would choose a community-based program and that the geographic location of the program will likely be based upon proximity to the individual's significant family contacts.

As of October 2008, the projected number of placements in each service model was set forth in the Table below.

Projected Residential Status After Consolidation Process (FY13)

Projected Relocation of Individuals (data compiled as of October 2008)					
	Fernald	Monson	Templeton	Glavin	Total
New Program Development (Community/State-Op)	26	46	40	0	112
Existing Community Placements	44	49	58	55	206
Facility Placements	83	1	0	0	84
Census Reductions (Projected Deaths and/or SNF Admissions)	(9)	(40)	(25)	(0)	(74)
Total	162	136	123	55	476

The costs associated with these placements are assumed as follows: for newly developed state-operated community programs, an average cost of \$150,000 annually per individual (inclusive of day program); for placement in existing vendor-operated and state-operated programs, the average cost is \$95,000 annually (inclusive of day program). Incremental costs to the Wrentham facility for individuals moving there from other Centers will depend on the extent to which those individuals fill existing vacancies or expand the resident population; any increased cost to the facility for the expansion population will not exceed \$70,00 /per person/per year. With regard to placement costs, it is important to note the following assumptions:

- Costs of placements projected throughout the 4 year plan are at FY09 costs.
- Placement costs are set at an average and do not include so-called “outlier” costs or high and/or low costs situations.

The projection of the number and type of placements from each facility is a preliminary estimate only, based upon the Department’s knowledge of individuals and their needs and based upon the Department’s knowledge of or best judgment regarding the likely residential preferences of the individual or guardian. These preliminary projections may change over time as families and guardians express their preferences in meetings with staff at each Facility, affecting the final mix of facility beds, state-operated community-based programs and vendor-operated programs.

IV. ANTICIPATED SAVINGS

The summary of total savings for closing the Fernald, Monson and Templeton Developmental Centers and the Glavin Regional Center will be approximately \$40 to \$42 million. The chart below notes the projected savings that will be achieved on a fiscal year basis as the four ICFs downsize and eventually close.

The savings projections are premised upon the Department's preliminary residential preference projections. Modifications to the Plan are expected in response to the specific choices and preferences expressed by individuals and guardians, and adjustments to projected savings will also be made.

FIVE YEAR PLAN *					
FY	FERNALD *	MONSON	TEMPLETON	GLAVIN	TOTAL
2009	\$0.2 M				\$0.2 M
2010	\$11.3 M	\$ 1 M			\$12.3 M
2011	\$8.3 M	\$1.6 M			\$9.9 M
2012		\$12.4 M	\$0.5 M		\$12.9 M
2013			\$4.6 M	\$2 M	\$6.6 M
TOTAL	\$19.8 M	\$15 M	\$5.1 M	\$2 M	\$41.9 M
<i>* Projected savings based upon projected placements and outcomes.</i>					

V. COMMUNITY HOUSING DEVELOPMENT

Subsequent to the October 2008 residential status projections above, the Department expanded its plan to develop additional state-operated community-based housing for individuals leaving the closing facilities. A summary of the current housing initiative is described below.

Since the announced closure of the Fernald Development Center in February, 2003 the Department has been actively involved in a housing development process in partnership with the Division of Capital Asset Management and Maintenance (“DCAMM”), the Department of Housing and Community Development (“DHCD”) and others, including local housing authorities (“LHAs”) , to meet the present and future needs of individuals who choose to receive residential services from the Department in community-based settings.

For individuals leaving the closing facilities and choosing to live in the community, the Department is developing state-operated homes with a total capacity of up to 268 new beds through the Chapter 689 Program with the DHCD and the LHAs and through lease-purchase arrangements that are competitively procured by DCAMM on behalf of DMR. These houses will be fully accessible and built to the specifications set forth in the Program Design and Cost Guidelines for Community Residences that were issued by DMR, DHCD, and CEDAC (Community Economic Development Assistance Corporation) in June 2006.

On October 22, 2008, DCAMM issued a Request for Responses (RFR) for the development of up to 21 homes to create 84 to 168 new beds in the community. Responses to the RFR have been submitted, selection among bidders is underway and it is anticipated that these homes will be completed in 2009, 2010 and 2011.

In February of 2009 DCAMM issued a second RFR for DMR community housing. This solicitation seeks proposals for the development of single family or duplex housing on or near both the Monson and Templeton facilities creating up to 80 new community-based beds. The deadline for the submission of responses to this RFR will be set for March, 2009. Facilities Consolidation Funds will be used to help finance the development of these DCAMM homes.

Currently, DMR is working with DHCD and local housing authorities to complete several new, state-operated homes with 20 new beds. A 4-bedroom home in Billerica and two duplexes in Chelmsford and Plainville will be completed in 2009. Homes in the towns of Arlington, Franklin, Ludlow, and Northampton are projected to be completed in 2010. DMR continues to work with DHCD to identify local housing authorities and properties available to develop more community homes. Funding for the development of these homes is through the Chapter 689 Program.

VI. INDIVIDUAL FACILITY PLANS

FERNALD DEVELOPMENTAL CENTER

Fernald Overview

As of October, 2008 there were 162 individuals living at FDC.

The Fernald Plan Summary

1. Four buildings on the Fernald campus, collectively known as “Malone Park,” will remain open and will be converted to state-operated homes. The census of each building will be six (6) for a total of twenty-four (24) individuals.
2. The Facility’s current residents will have opportunities to transfer to eighty-three (83) beds within the Wrentham Developmental Center or beds at the Hogan Regional Center.
3. During the closure, at least twenty (20) individuals will be offered opportunities to move into existing vacancies in state-operated and provider-operated community homes.
4. Twenty-six (26) new state-operated beds are currently in development and will be available as new state-operated homes in Chelmsford, Billerica, Plainville, and surrounding communities. These new homes will be either duplexes or single family homes and will be developed with the assistance of DHCD and DCAMM. Additional community housing for a minimum of 84 individuals is also in development at this time.
5. Individuals with significant health conditions will have the option to transfer to Marquardt, the skilled nursing facility on FDC campus, if the transfer is medically indicated. Marquardt will remain open following Fernald’s closure and will continue to support individuals with intellectual disabilities and intense medical needs.

MONSON DEVELOPMENTAL CENTER

Monson Overview

As of October, 2008, there were approximately 136 individuals living at the Monson Developmental Center (MDC), including a number of individuals in respite.

Monson Plan Summary

Two duplex homes for a total of 16 residents will be developed in Palmer or the communities surrounding MDC. These homes will be designed to serve individuals with the most significant medical challenges. Proximity of these homes to one another will enable the Department to maximize the use of nursing and other clinical staff. Additional single family or duplex housing is also being planned within the surrounding communities for twenty-four (24) individuals with less significant medical challenges.

Pineridge, the former Superintendent's home that currently houses 6 people, will be converted to a community-based residence.

Some individuals are projected to transition to the Wrentham Developmental Center.

The Department also anticipates using vacancies in existing provider and state-operated homes that are appropriate to meet the needs of approximately 45 to 49 individuals. These individuals will receive their day/employment supports from community-based providers. Upon request of the guardian, these individuals could also be transferred to Wrentham Developmental Center.

TEMPLETON DEVELOPMENTAL CENTER

Templeton Overview

As of October, 2008 Templeton Developmental Center (TDC) had a census of 123 individuals.

Templeton Plan Summary

Templeton Developmental Center as it currently operates will be closed during FY 2013. Two (2) duplex homes for eight (8) individuals each will be constructed on the grounds of the existing facility. The sixteen (16) beds within the Templeton residential cluster will enable the Department to create long-term, statewide residential capacity for individuals with extremely challenging behaviors. The initial occupants would be individuals who currently reside at Templeton. As vacancies occur, they would be filled by individuals requiring this intensive level of supervision. Additional single family or duplex housing will be developed in the surrounding community for twenty-four (24) individuals.

Three existing homes at TDC (Waite Lodge, Brook House and Eliot Hill) will become community-based programs and support approximately twenty-three (23) individuals. It is anticipated that as vacancies occur these homes would be consolidated or closed if there was no need for these placements to be used by other individuals eligible for DMR services.

Community placements into existing state-operated or provider-operated homes options will be provided for approximately 35 individuals.

GLAVIN REGIONAL CENTER

Glavin Overview

As of October, 2008, Glavin Regional Center (GRC) had a census of fifty-five (55) individuals.

The Glavin Plan Summary

Fifty-five (55) individuals residing at the GRC will have opportunities to move to community residences utilizing a combination of vacancies available in state-operated and provider programs, or may elect a transfer to the Wrentham Developmental Center or the Hogan Regional Center.

VII. INDIVIDUAL SUPPORT PLANNING

The transfer of individuals is a complex process which involves consideration of many details, the foremost being ensuring continuity of supports so that every individual's health and safety needs are met. In order to ensure that the planning process is thorough and individualized, the Department will utilize its individual support planning ("ISP") procedures. The members of an individual's ISP Team, including the individual, his or her family or guardian, and staff involved in providing supports to the individual, are all a part of the interdisciplinary planning team responsible for ensuring that the individual's ISP needs are met. A full description of the ISP process and regulations may be found on the DMR website,

In addition to the ISP Team, the Department will rely upon an Individual Transition Planning Team ("ITP Team") with the primary responsibility to assure thorough and robust communication and planning with families, individuals and the person's ISP Team about all aspects of an individual's transition. The ITP Team will assist the individual, family or guardian in locating an appropriate residential placement, as well as the identification of appropriate community-based day supports. Once an initial decision is made to move forward with a particular placement, the ITP Team will coordinate with the "receiving" entity, either a facility or a community program, to assure that primary care and all specialty care needs are met in the new location. The work of the ITP Team enables the ISP Team to continue their focus on each individual's specific support needs. When the process of identifying all the supports required is complete, the Department will move forward to modify the ISP to reflect the supports provided in the new location. Finally, throughout the process, the ISP and ITP Teams will rely upon the *"Placement Planning Process for Facilities Identified for Closure"* (*"The Gray Book"*), an outline of the procedures to be used to ensure the successful transition of each individual moving from a facility setting, to provide specific guidance and tools to ensure that the planning for each facility resident is thoughtful, comprehensive, and individualized.

The goal is to have all guardians and families participate fully in the identification and development of new community-based homes, or facility-based homes, for individuals in the closing facilities. It is through full participation that guardians and families can assure that planning is truly comprehensive and that their preferences are met. The Department anticipates that every guardian, family or individual will have specific needs and preferences, and that it will be able to accommodate those needs and preferences.

VIII. HUMAN RESOURCES PLAN FOR FACILITY CLOSURES

Those employees who work at the DMR facilities are a primary and valued asset. They possess a unique talent and dedication to the persons they support. In recognition, they deserve the Department's support, respect, and assistance as they examine the career choices and options available to them, both within or outside of DMR, and make decisions about their continuing or future employment. Further, they deserve support and assistance in coping with change that can be uncertain and stressful.

The following guiding principles will shape the goals and activities of all those in the Department who will work toward minimizing the disruption to and dislocation of this workforce and maximizing access to job related information, training, and placement services.

1. To support employees throughout the phase down process;
2. To allow employees to have as much control as possible concerning their career choices; and
3. To ensure that information given to employees is done in the most thoughtful and positive manner.

With these principles in mind, DMR will work with the current workforce to assure workforce stability and to retain sufficient staff during the closure period, and to develop transfer options for staff from the closing facilities within local state-operated services as well as at the Wrentham Developmental Center and the Hogan Regional Center.

As of October, 2008, there were approximately 1,596 employees working within the closing facilities. Their positions and job titles include mental retardation workers, day programming staff, administrative and fiscal support, social workers and other clinicians, skilled and unskilled trade workers and managers.

Staffing as of October 2008

Facility	NAGE	SEIU	AFSCME	MNA	MGR	Total**
Glavin	11	18	121	25	4	179
Templeton	24	33	289	27	8	381
Monson	35	23	309	53	12	432
Fernald	40	27	456	68	13	604
Total*	110	101	1,175	173	37	1,596

*Totals represent approximate number of employees (not FTEs) at each facility

**Excludes MOSES employees (2).

Because staff will have different employment opportunities depending upon their skills and experience, DMR will work with staff to offer retraining and cross-secretariat and provider placement assistance. There will also be ongoing facility-based opportunities at the Wrentham Developmental Center and Hogan Regional Center. DMR anticipates that over the next four years, there will be an estimated 2,233 opportunities to work within the DMR community state-operated system.

Anticipated Employment Opportunities for State Employees

Facility	SEIU (509)	Direct Support Professionals	Administrative Support	Clinical Support	Nursing	Total
New Program Development	20	259	0	0	40	319
Western Homes* (existing state-operated homes)	2	273	0	0	20	295
Central Homes* (existing)	1	227	0	0	10	238
Northeast Homes* (existing)	3	440	0	0	13	456
Southeast Homes* (existing)	2	243	0	0	45	290
Metro Homes* (existing)	4	119	0	0	3	126
Hogan Regional Center*	1	249	20	10	8	288
Wrentham Developmental Center	1	189	3	3	25	221
Total	34	1,999	23	13	164	2,233

*Projected turnover rate for next four years.